

Breakout Group: Health Care and Health Plans

RI Summit: Healthy Living & Active Living Collaborative

Breakout Group: Health Care and Health Plans

Please choose your top five objectives, then **rank** (1-5) according to priority, with 1 being your top priority.

- ___ 1.) Increase the number of healthcare providers who assess physical activity levels and counsel patients.
- ___ 2.) Increase the number of healthcare providers who refer patients with low physical activity to community resources.
- ___ 3.) Increase the number of health care providers who assess and counsel patients about healthy eating at annual preventive visits.
- ___ 4.) Increase the number of health care providers who refer patients with unhealthy eating patterns to nutritionists for additional counseling.
- ___ 5.) Increase the number of healthcare providers who assess and counsel patients regarding screen time.
- ___ 6.) All maternity care hospitals in Rhode Island will implement at least five (5) of the Baby-Friendly Hospital Initiative's "Ten Steps to Successful Breastfeeding".
- ___ 7.) All Rhode Island health insurers will increase their standard, reimbursable service coverage for lactation, support services, breastfeeding classes, and breastfeeding equipment (e.g. breast pumps).
- ___ 8.) Increase the number of maternity care hospitals, public health clinics, and facilities that implement policies that ban the use of informational and educational materials provided by or bearing the logos of infant formula manufactures.

- ___ 9.) Culturally appropriate, evidence-based breastfeeding training will be integrated into continuing education requirements for all maternal and child health nurses and into the curriculum at all health professional schools in Rhode Island.
- ___ 10.) Increase the number of health care providers who routinely measure height and weight, calculate Body Mass Index (BMI) and provide feedback and interpretation of BMI to patients.
- ___ 11.) Increase the number of health care providers that provide culturally appropriate counseling and guidance on obesity prevention and weight management at annual preventive visits.
- ___ 12.) Training in obesity prevention assessment counseling and treatment will be integrated into the curriculum at all health professional training schools in Rhode Island.
- ___ 13.) Continuing education requirements for health care providers in Rhode Island will include training in obesity prevention assessment, counseling and treatment.
- ___ 14.) Increase the number of health care providers who refer patients with BMI's that are out of the desirable range for additional weight management services.
- ___ 15.) Increase the number of insurers that discount health insurance premiums for employers offering weight management programs.
- ___ 16.) Increase the number the number of health plans and insurers that provide incentives to families and individuals for achieving and maintaining healthy weights.
- ___ 17.) Increase the number of health insurers that reimburse physicians, nurses, and nutritionists for routine BMI assessment, interpretation and feedback, and counseling regarding nutrition and physical activity.

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Breakout Group: *Health Care and Health Plans*

Topic Area: *Physical Activity*

1.) Increase the number of healthcare providers who assess physical activity levels and counsel patients.

Example Strategies:

- 1.) Partner with RTHC
2. Identify promising healthcare practices, such as PACE+.
- 2.) Train HCPs on PACE + curriculum and toolkit (see EC Plan).
- 3.) Provide ongoing TA through workshops with CEUs.
- 4.) Develop and provide materials or toolkits.
- 5.) Identify funding to support materials and train.
- 6.) Develop appropriate topics and trainings for early childhood providers, including communications with family.

Additional Strategies:

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Topic Area: *Physical Activity*

2.) Increase the number of healthcare providers who refer patients with low physical activity to community resources.

Example Strategies:

- 1.) Partner with RTHC
- 2.) Develop referral resources and materials.

Additional Strategies:

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Topic Area: *Nutrition*

3.) Increase the number of health care providers who assess and counsel patients about healthy eating at annual preventive visits.

Example Strategies:

- 1.) Partner with NECON to participate in pilot reimbursement/physician training program in which a web-based *Obesity Prevention and Control Clearinghouse* will be created, housing a state-of-the-art self-study program for clinicians in obesity/lifestyle counseling.
- 2.) Offer CME credit, leading to ‘credentialing’ in obesity counseling.
- 3.) Reimburse ‘credentialed’ providers of obesity prevention/healthy lifestyle counseling by insurers (private and/or public).
- 4.) Partner with professional associations to create and disseminate clinical guidance and other professional resource materials on nutrition and obesity prevention.
- 5.) Partner with professional associations to advocate for health insurers, health plans and quality improvement and accrediting organizations to nutrition counseling and referral in routine clinical practice and in quality assessment measures relating to health care.
- 6.) Collaborate with professional boards and licensing and certification bodies to ensure that minimum competencies in obesity prevention and weight management are established and adopted, and that appropriate questions and skills assessments are included as part of the existing licensing, registration and certification procedures.

Additional Strategies:

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Topic Area: *Nutrition*

4.) Increase the number of health care providers who refer patients with unhealthy eating patterns to nutritionists for additional counseling.

Example Strategies:

- 1.) Partner with health professional associations to develop and implement dietary assessment procedures and tools as well as nutrition referral guidelines.
- 2.) Partner with NECON to follow protocol of web-based pilot physician training/reimbursement program.
- 3.) Provide health care providers with a Nutrition Resource Guide to use when making referrals.

Additional Strategies:

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Topic Area: *Screen Time*

5.) Increase the number of healthcare providers who assess and counsel patients regarding screen time.

Example Strategies:

- 1.) Partner with RTHC.
- 2.) Identify promising healthcare practices, such as PACE+ and look for ways to incorporate screen time.
- 3.) Train HCPs on adapted PACE + curriculum and toolkit.
- 4.) Provide ongoing TA through workshops with CEUs.
- 5.) Develop and provide materials or toolkits.
- 6.) Identify funding to support materials and trainings.

Additional Strategies:

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Topic Area: *Breastfeeding*

6.) All maternity care hospitals in Rhode Island will implement at least five (5) of the Baby-Friendly Hospital Initiative's "Ten Steps to Successful Breastfeeding".

Example Strategies:

- 1.) Partner with maternity care hospitals to promote the evidence and *Ten Steps to Successful Breastfeeding* to hospitals and affiliated providers in Rhode Island.
- 2.) Send a cover letter endorsed by the RI Department of Health and the RI Breastfeeding Coalition with HEALTH Director's signature encouraging all birthing hospitals not yet certified to adopt the Baby Friendly Hospital Initiative (BFHI).
- 3.) Send a follow-up letter to designated birthing hospitals.
- 4.) Monitor hospital responses regarding adoption of BFHI. Provide technical support to hospitals interested in initiating the BFHI certification process and providing 18-hour course for staff.
- 5.) Provide technical and advocacy skills in breastfeeding for WIC staff.
- 6.) Involve hospital administrators as needed for approval and support, utilizing administrators from Baby Friendly certified South County Hospital, Newport Hospital and Boston Medical Center.

Additional Strategies:

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Topic Area: *Breastfeeding*

7.) All Rhode Island health insurers will increase their standard, reimbursable service coverage for lactation support services, breastfeeding classes, and breastfeeding equipment (e.g. breast pumps).

Example Strategies:

- 1.) Collaborate with the three major health insurers of Rhode Island: Blue Cross Blue Shield, United Health Care and Neighborhood Health Plan of Rhode Island to advocate for enhanced coverage of breastfeeding services and equipment
- 2.) Encourage and provide support for insurers to provide additional breastfeeding benefits.
- 3.) Identify and enhance ways that insurers notify consumers and providers about benefits (e.g., subscriber education packets, subscriber newsletters, magazines, physician bulletins).
- 4.) Promote the Rhode Island Breastfeeding Coalition and the Physicians Committee on Breastfeeding in Rhode Island as experts for consultation on breastfeeding issues.
- 5.) Update benefit criteria grid annually.

Additional Strategies:

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Topic Area: *Breastfeeding*

8.) Increase the number of maternity care hospitals, public health clinics, and facilities that implement policies that ban the use of informational and educational materials provided by or bearing the logos of infant formula manufacturers.

Example Strategies:

- 1.) Partner with professional associations to advocate for enforcement of the WHO code.
- 2.) Educate hospital administrators, public health clinic administrators, and private physicians about the evidence base regarding the negative effect of formula marketing on breastfeeding rates and duration.
- 3.) Submit educational articles about enforcement of the code to local media.
- 4.) Create and disseminate a logo/sticker for hospitals, clinics and private physician offices, “WHO Code Enforced Here” to recognize sites that eliminate all marketing of infant formula.
- 5.) Identify the educational materials with infant formula branding on them that will be missed the most and develop a plan to replace those pieces with ones that do not promote infant formula.

Additional Strategies:

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Topic Area: *Healthy Weight*

9.) Culturally appropriate, evidence-based breastfeeding training will be integrated into continuing education requirements for all maternal and child health nurses and into the curriculum at all health professional schools in Rhode Island.

Example Strategies:

None provided.

Additional Strategies:

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Topic Area: *Healthy Weight*

10.) Increase the number of health care providers will routinely measure height and weight, calculate Body Mass Index (BMI) and provide feedback and interpretation of BMI to patients.

Example Strategies:

- 1.) Collaborate with professional boards and licensing and certification bodies to ensure that minimum competencies in BMI measurement and counseling are established and adopted and that appropriate questions and skills assessments are included as part of the existing licensing, registration and certification procedures.
- 2.) Collaborate with NECON to make BMI a reported vital sign for the New England region.
- 3.) Include training in BMI assessment and counseling in health care professional schools, postgraduate training programs, continuing professional education programs, professional organizations and certifying entities in their curricula and examinations.
- 4.) Participate in implementation of NECON's web-based template vital sign intake form and BMI tracking form.
- 5.) Advocate for insurers to track BMI in charts as a quality control measure.

Additional Strategies:

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Topic Area: *Healthy Weight*

11.) Increase the number of health care providers that provide culturally appropriate counseling and guidance on obesity prevention and weight management at annual preventive visits

Example Strategies:

- 1.) Partner with NECON to participate in pilot reimbursement/physician training program (David Katz) in which a web-based ‘obesity prevention and control’ clearinghouse will be created, housing a state-of-the-art self-study program for clinicians in obesity/lifestyle counseling. The program will offer CME credit, and lead to ‘credentialing’ in obesity counseling. Insurers (private and/or public) will then be asked to reimburse the obesity/lifestyle counseling of ‘credentialed’ providers, knowing that such providers have been instructed in the best available counseling techniques/approaches. Further, the website will provide standard quality control indicators (e.g., age and sex-adjusted BMI relative to standard growth curves for the pediatric population) to be included in the medical record as an indication that counseling conforms the highest standards. Insurers will be able to track these indicators in chart audits as a means of assessing process.
- 2.) Partner with professional associations to create and disseminate clinical guidance and other professional resource materials on obesity prevention.
- 3.) Partner with professional associations to advocate for health insurers, health plans and quality improvement and accrediting organizations to include obesity screening and prevention services (BMI assessment, interpretation and feedback, dietary and physical activity assessment, counseling and referral) in routine clinical practice and in quality assessment measures relating to health care.
- 4.) Collaborate with professional boards and licensing and certification bodies to ensure that minimum competencies in obesity prevention and weight management are established and adopted and that appropriate questions and skills assessments are included as part of the existing licensing, registration and certification procedures.

Additional Strategies:

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12.) Training in obesity prevention assessment, counseling and treatment will be integrated into the curriculum at all health professional training schools in Rhode Island.

Example Strategies:

- 1.) Conduct an assessment of the obesity prevention and weight management content of curricula offered at medical, nursing, dental, and nutrition programs throughout the state.
- 2.) Convene a statewide committee of teams from each health professional school to assess the obesity prevention and weight management content of the curricula offered at medical, nursing, dental and nutrition programs throughout the state and to develop a plan to strengthen the obesity prevention and weight management content of their curricula.
- 3.) Establish curriculum review committees at each health professional school to review, establish and guide the integration of obesity prevention and weight management training into the curriculum.
- 4.) Collaborate with health professional schools to include obesity prevention and weight management knowledge and skills in health care postgraduate training programs, continuing professional education programs, professional organizations and certifying entities in their curricula and examinations.

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13.) Continuing education requirements for health care providers in Rhode Island will include training in culturally appropriate, obesity prevention assessment, counseling and treatment.

Example Strategies:

- 1.) Conduct a needs assessment to determine where continuing education programs are most needed and how these programs may be best designed in terms of faculty, targeted participants, number of days and format.
- 2.) Develop standards and measures for obesity prevention and weight management counseling and support skills in each profession.
- 3.) Develop funding strategies to subsidize continuing weight management education for health professionals.
- 4.) Collaborate with professional associations to develop video, online, self-study modules on weight management for health professionals.
- 5.) Increase the availability of taped lectures from current and past weight management conferences.
- 6.) Promote obesity prevention and weight management awareness among health care professionals by publicizing committees, individuals, events and educational opportunities of interest to health care providers.

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14.) Increase the number of health care providers who refer patients with BMI's that are out of the desirable range for additional weight management services.

Example Strategies:

- 1.) Partner with professional associations, Diabetes Program to develop and disseminate best practices obesity prevention referral guidelines and obesity prevention resource manual of available services.
- 2.) Partner with professional associations and Diabetes Program to provide training for health care providers regarding referral guidelines and best practices.
- 3.) Provide ongoing technical assistance in implementation of referral guidelines.
- 4.) Update and disseminate obesity prevention resource manual of available services annually.

Additional Strategies:

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15.) Increase the number of health insurers that discount health insurance premiums for employers offering weight management programs.

Example Strategies:

- 1.) Partner with NECON to encourage insurers to discount health insurance premiums for employers offering health promotions programs and for participating employees
- 2.) Provide cost benefit presentations to health insurers that highlight increased productivity, decreased absenteeism, decreased disability and decreased medical costs of healthy weight employees.

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16.) Increase the number of health plans and insurers that provide incentives to families and individuals for achieving and maintaining healthy weights.

Example Strategies:

- 1.) Partner with NECON to advocate for the development and implementation of incentives for individuals and families to achieve and maintain healthy weights through healthy eating and active living.
- 2.) Creative options may include incentives for participating in and documenting regular physical activity, or programs that provide discounts or other incentives for wellness related products (e.g., discounts on health and wellness magazines, reduced costs for health club memberships, weight reduction programs for adults).
- 3.) Take into account incentives that are appropriate for high-risk populations who often live in areas where easy access to recreational facilities is lacking or where costs are prohibitive.

Additional Strategies:

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17.) Increase the number of health insurers that reimburse physicians, nurses, nutritionists and other members of the health care team for routine BMI assessment, interpretation and feedback, nutrition and physical activity.

Example Strategies:

- 1.) Partner with professional associations and NECON to advocate for mandatory insurance coverage for weight management and nutrition and physical activity counseling.
- 2.) Partner with professional associations to advocate for health insurers, health plans and quality improvement and accrediting organizations to include obesity screening and prevention services (BMI assessment, interpretation and feedback, dietary and physical activity assessment, counseling and referral) in routine clinical practice and in quality assessment measures relating to health care.

Additional Strategies:
